



## 911 Public Safety Telecommunicator Initial/Original Certificate Application

**This form is incorporated by reference in rule 64J-3.001**

Type or print clearly. All sections of this application are required to be completed unless otherwise noted.  
Omissions will delay processing.

Please return completed application along with your nonrefundable check for \$ 50 to:

Florida Department of Health  
Bureau of EMO / 911 PST Program  
4052 Bald Cypress Way A-22  
Tallahassee FL 32399-1722

### A. APPLICANT INFORMATION

_____/____/____			
Last Name	First Name	Middle Initial	Date of Birth
_____ Mailing Address		_____ City	_____ State
_____ Primary Phone #		_____ Alternate Phone #	
_____ Email Address			

### B. PST EXAMINATION INFORMATION

_____ Approval to Test / Candidate ID #	
_____ Exam Date	_____ Exam Location

### C. Public Records exemption

**Exemption from public records:** Your responses in filling out this form are a public record. That means that any one can request a copy of your filled out form. However we will not supply your home address, telephone number, photograph, and place of employment if you are an active or former member of law enforcement, a firefighter certified in compliance §633.35 or the spouse or child thereof. There are similar exemptions for **judges** and **others**. **However we will not know you have an exemption unless you tell us.** If you have questions about this, please review §119.07, F.S., and, in particular, subsection 4 [§119.07(4), F.S.]. Additional information, including answers to frequently asked questions may be had through the Office of the Attorney General of the State of Florida's website, <http://myfloridalegal.com>. For general information on this subject, the Attorney Generals' telephone number is 850.245.0157.

- ☐ I am an active or former, sworn or civilian member of law enforcement,  
☐ I am a firefighter certified in compliance with § 633.35  
☐ I qualify under another exemption from the Public Records laws. Identify the exemption and your basis for qualification for the exemption:

**D. STATEMENT:** I \_\_\_\_\_ am the person referred to in this application; All statements contained herein and in any attachments hereto are true, correct and complete; I am free from addiction to alcohol and I am free from any controlled substance; and, I am free from any physical or mental defect or disease that might impair my ability to perform my duties consistent with the certification applied for.

#### PERFORM ONE OF THE FOLLOWING:

- (1) Under penalties of perjury, I declare that I have read the foregoing **STATEMENT** and the facts stated in it are true.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OR** [REQUIRES ADMINISTRATION OF AN OATH UPON YOU BY A PERSON AUTHORIZED TO ADMINISTER OATHS SUCH AS A NOTARY PUBLIC].

(2) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ 20\_\_\_\_ ,

by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_

**Contact Information:****Bureau of EMS/ 911 Public Safety Telecommunicator Program:**

Phone: (850) 245-4440  
Fax: (850) 245-4378  
Website: [www.floridahealth.gov](http://www.floridahealth.gov)  
E-mail: [ems.operations@flhealth.gov](mailto:ems.operations@flhealth.gov)

Please make certified check, money order, or agency check payable to the **Florida Department of Health.**

**No personal checks will be accepted****Mailing address for application and fees:**

Florida Department of Health  
Bureau of EMO / 911 PST Program  
4052 Bald Cypress Way Bin A-22  
Tallahassee, FL 32399-1722

**DEFINITIONS**

**"911 public safety telecommunicator "** means a public safety dispatcher or 911 operator whose duties and responsibilities include:

1. The answering, receiving, transferring, and dispatching functions related to 911 calls;
2. Dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency;
3. Providing real-time information from federal, state, and local crime databases; or
4. Supervising or serving as the command officer to a person or persons having such duties and responsibilities.

However, the term does not include administrative support personnel, including, but not limited to, those whose primary duties and responsibilities are in accounting, purchasing, legal, and personnel.

**"Employment"** means engaged in the service of another for salary or wages subject to withholding, FICA or other lawful deductions.

**"Full Time"** means a position that exclusively performs the duties and responsibilities of a 911 public safety telecommunicator and occupies an entire Full Time Equivalency (FTE) position for the employer.

**"Supervised"** means overseen during the execution of duties as a 911 emergency dispatcher.

**"Supervising or Serving as the Command Officer"** means engaging in direct or secondary, but not tertiary, supervision of one or more 911 emergency dispatchers in their performance of actions 1-3 as listed in the definition of 911 emergency dispatcher.

**"Providing real-time information"** means doing so as part of a 24/7/365 program to law enforcement officers while dispatched to or on the scene of an incident.



**\*THIS PAGE IS CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE AND MUST BE SUBMITTED WITH YOUR APPLICATION\***

Florida Department of Health  
911 Public Safety Telecommunicator Application

**Name:** \_\_\_\_\_  
Last First Middle

**Social Security Number:** \_\_\_\_\_

\*This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666(a)(13).